

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 19, 2008

<b>RECEIVED</b> <b>OIL CONSERVATION DIVISION</b> <b>MAR 12 2010</b> <b>HOBBS, NM</b>		WELL API NO. 30-025-36974
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water/Injection Well		6. State Oil & Gas Lease No. Prop#25191
2. Name of Operator MELROSE OPERATING CO		7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT
3. Address of Operator 1000 W. WILSHIRE, SUITE 223, OKLAHOMA CITY, OK 73116		8. Well Number 209
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>23</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u>		9. OGRID Number 184860
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3587' GL		10. Pool name or Wildcat Jalmat, Yates, Tansell, 7-Rives

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

OTHER: **INJECTION MIT** **X**

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Performed Injection MIT, 8/28/09, 560#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cam Robbins TITLE Forman DATE 8/28/09

Type or print name Cam Robbins E-mail address: maximum@valornet.co PHONE: 575-390-4666

**For State Use Only**

APPROVED BY: [Signature] TITLE STAFF WRTZ DATE 3-15-10  
Conditions of Approval (if any):

